L14000147548

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COVER LETTER

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joel Leppard		
		Name of Person	
		Firm/Company	
	638 Broadway Ave		
		Address	
	Orlando, FL 32803		
		City/State and Zip Code	
	joel@leppardlaw.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Joel Leppard		407 476-4111 at ()	
Name c	ri Person	at () Area Code Daytim	e Tetephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

TO:

Registration Section Division of Corporations

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEPPARD LAW: ORLANDO DUL ACCIDENT & CRIMINAL DEFENSE ATTORNEYS PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company w	rere filed on $\frac{09}{2}$	<u>/22/2014</u>	and assigned	
Florida document number L14000147548	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liabili	ty company h	ere:		
Leppard Law: Florida DUI Lawyers & Criminal Defense	Attorneys P	LLC			
The new name must be distinguishable and contain the words "L	-		lesignation "L.I.C" or the	abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		N/A			_
(Principal office address MUST BE A STREET ADI	DRESS)			<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	:	dress on our r	ecords, <u>enter the na</u>	SECRETARY OF STATE OF THE PROPERTY OF THE PROP	<u>フ</u>
New Registered Office Address.		Enter Flo	rida street address		
			, Florida _		
	••	City	,	Zip Code	_
New Registered Agent's Signature, if changing Register	red Agent:				
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete p agent as pr red office a	erformance of ovided for in (my duties, and Lan Chapter 605, F.S. O	n familiar with and r, if this document i	
	If Chang	ing Registered Ap	gent, Signature of New	Registered Agent	

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Change
			□Add
			□Remove
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Effect	ive date, if other than the date of filing: (optional)
(If an eff <u>Note:</u>	rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	NOV 25 2019.
	A NI
	Signature of a member of asshorized representative of a member
	Joel N. Leppard
	Typed or printed name of signee

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Filing Fee: \$25.00